

Employee Authorization for Payroll Deduction to Health Savings Account

This form is for employees who want to have money withheld from their paychecks by their employer and deposited into their health savings account (HSA) on a pre-tax basis. Not all employers can arrange for payroll deductions, so check with your payroll department before submitting this form. **You must be enrolled in a consumer-directed health plan (CDHP) with an HSA before you can start a payroll deduction.**

I wish to:

☐

Begin a new deduction

☐

Change my deduction

☐

Stop my deduction

Effective date _____
Your payroll office can confirm the effective date.

Section 1: Employee Information

Name _____
(Last, First, Middle initial)
Mailing address _____
City/State/ZIP Code _____

SSN or Employee ID _____
Work number (_____) _____
Agency name _____

Section 2: Calculate Your Per-Paycheck Contribution to Your HSA

	Select one	
	Family HSA	Individual HSA
IRS maximum contribution allowed for 2012 (employer + employee)*	\$6,250	\$3,100
Your employer's annual contribution for 2012	\$1,400	\$700
Your eligible annual contribution for 2012*	\$4,850	\$2,400
Your elected annual contribution for 2012	\$ _____ (cannot exceed \$4,850*)	\$ _____ (cannot exceed \$2,400*)
Divide your annual contribution by the number of pay periods left in the year	/	/
Your per-paycheck contribution	\$ _____	\$ _____

*If you are age of 55 or older, you can make an additional "catchup" annual contribution of \$1,000. For example, if you are age 55 or older, the individual annual maximum contribution would be \$4,100, minus the \$700 employer contribution. You may request up to \$3,400 in payroll deductions for the year.

Section 3: Per-Paycheck Contribution to Your HSA

I elect to contribute \$ _____ per paycheck to my health savings account (HSA). This request replaces any previous payroll deduction requests for my HSA.

Section 4: Employee's Signature *Required*

By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.

Employee's signature

Date

Return this form to your personnel, payroll, or benefits office. Keep a copy for your records.